United Nations DP

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.: General

DP/FPA/CPO/MDV/3
24 July 2002

ORIGINAL: ENGLISH

Second regular session 2002
23 to 27 September 2002, New York
Item 11 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

Country programme outline for the Maldives*

Proposed UNFPA assistance:	$2 million: $1.4 million from regular resources and $0.6 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2003-2007)
Cycle of assistance:	Third
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	0.70	0.5	1.20
Population and development strategies	0.45	0.1	0.55
Programme coordination and assistance	0.25	-	0.25
Total	1.40	0.6	2.00

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. The Maldives consists of 1,190 islands in the Indian Ocean. The population of approximately 270,000 is scattered on 199 of the islands. The country has made considerable progress over the last two to three decades: life expectancy at birth has increased to 71 years for both sexes and the infant mortality rate has decreased to 18 per 1,000 live births. Despite a significant decline in the total fertility rate to 2.8, the current population is expected to double in 36 years. Considerable progress has been made towards achieving the goals of the International Conference on Population and Development (ICPD); however, the contraceptive prevalence rate as well as maternal mortality and morbidity require effective action.

2. The impending emergence of the Maldives from least developed country status could make it a victim of its own success. The paucity of land-based natural resources, the extremely fragile environment and a narrow economic base that depends largely on tourism and fisheries pose problems to sustainable development. The dispersal of the population also presents a major challenge. There are significant income and other disparities between the capital and other atolls as well as between atolls. Up to 42 per cent of Maldivians live on less than $1.17 per day. Considering the high cost of service delivery, the provision of infrastructure and social services is a formidable task. The Government is attempting to address this challenge by implementing regional development policies and plans and by consolidating the population.

3. Women's empowerment continues to be constrained in the areas of employment, decision-making and access to higher education. Women head one third of all households due to high divorce rates and the absence of husbands due to internal labour migration. The implementation of the 2000 family law is expected to improve women's situation in marriage and the family.

4. Despite significant government efforts, access to high-quality reproductive health and family planning services remains limited. Malnutrition among women is a major public health concern and 52 per cent of pregnant women are anaemic. Maternal mortality is high at 143 per 100,000 live births and emergency obstetric care is inadequate. While the contraceptive prevalence rate has increased to 32 per cent for modern methods, utilization of male methods is only 6 per cent. There is a high, unmet need for contraceptives. Adolescents make up over a quarter of the population. Addressing adolescent sexual and reproductive health needs is therefore a major challenge.

5. The government development vision, as stated in the President's Vision 2020 and the sixth national development plan (2001-2005), aims to achieve equitable development for the people; to consolidate democratic governance; enhance social services; and provide satisfactory living conditions and employment for all, particularly youth. Other goals include the equal participation of men and women in the social, political and economic spheres and the diversification of the economy.

II. Past cooperation and lessons learned

6. UNFPA has supported the development of infrastructure, the training of service providers, information dissemination and the collection of baseline information. UNFPA has played a distinctive role in assisting the Government in building national capacity in the field of reproductive health and in maintaining contraceptive security. However, some of the planned activities, such as maternity waiting homes and improved emergency transport, were not implemented due to concerns about the sustainability of such activities and weak links with the atolls and islands. Contraceptive logistics must also be strengthened. Health education has been weak and behaviour change communication strategies need to be operationalized. UNFPA has supported population education through curriculum development and through investments in

training. While significant progress has been made, the approach and focus should now shift to promoting adolescent sexual and reproductive health through life-skills development.

7. UNFPA also contributed to the establishment of mechanisms for better population planning and intersectoral coordination. Progress was made in sensitizing government officials, developing a national population policy statement and establishing atoll population committees. UNFPA provided technical and financial assistance to analyse the 1995 census data and to implement the 2000 census. However, progress in this area has been limited; data and information management, particularly analysis and dissemination, remains weak. Future interventions should focus on specific technical support to policy-relevant research and studies on priority issues. Emphasis should be given to the timely analysis and dissemination of gender-sensitive data and information.

8. Successful advocacy on ICPD issues was conducted to sensitize atoll chiefs, island chiefs and key community leaders. Other target groups, such as parliamentarians and policy makers, will require attention in the future. Standard training materials need to be developed and appropriate trainers utilized to ensure quality. An important women's empowerment project was undertaken with the support of the European Commission. Awareness of gender issues has been raised within the Government and selected atolls. Girls' scholarships and microcredit components were implemented successfully. However, due to limited technical and professional capacity, several planned interventions, such as childcare schemes and market feasibility studies, did not materialize.

9. Despite significant investments, overall capacity remains limited in reproductive health and in population and development. Strategies need to be reviewed and adjusted. Training needs and the retention of trained and competent staff are issues that require attention. UNFPA will continue to support gender-mainstreaming initiatives, and mass media advocacy on gender equality issues will be a priority. Stronger links with the field and a greater focus on social mobilization and community involvement are needed. Partnerships with non-governmental organizations (NGOs) must also be strengthened.

III. Proposed programme

10. The priority areas of the third country programme, identified in the country population assessment and based on the United Nations Development Assistance Framework (UNDAF), are aligned with national priorities and the Millennium Development Goals. The programme will consolidate past achievements and introduce new initiatives. UNFPA will focus its efforts on reproductive health, population and development, and gender. The programme will be results-oriented and will emphasize capacity-building and partnerships.

11. The goal of the third country programme is to contribute to the national goal of improving the quality of life of the Maldivian people through improved reproductive health and the empowerment of women. The country programme will contribute to the UNDAF goal of balanced and equitable development of the Maldives. Subprogrammes in reproductive health and in population and development strategies will contribute towards the overall programme goal.

Reproductive health subprogramme

12. The outcome of the reproductive health subprogramme is to contribute to the improved management of the national reproductive health programme through increased access to high-quality reproductive health and family planning services and improved adolescent and sexual reproductive health. This subprogramme will contribute towards the UNDAF sub-objective to provide support to quality social services. The subprogramme has three principal outputs:

13. Output 1: Strengthened management of the national reproductive health programme at central level. This will be achieved through policy development and through managerial and technical capacity-building. Training needs will be assessed and priority areas identified. Emphasis will be given to strengthening contraceptive logistics and to reducing maternal mortality and morbidity. Reproductive health data analysis and dissemination will be supported through a comprehensive survey and by operationalizing the reproductive health database. The prevention programme for sexually transmitted infections (STIs) and HIV/AIDS will also be strengthened.

14. Output 2: Increased access to high-quality reproductive health services and information in selected regions and atolls. A comprehensive approach to improving services and information in selected islands will be taken. Training service providers, especially in counselling skills; ensuring compliance with quality-of-care protocols; and increasing information and awareness will contribute to an improvement in the quality of services. Efforts will focus on strengthening referral and networking to address delays in emergency obstetric care. Behaviour change communication efforts will focus on increasing the utilization of contraceptives, particularly male methods, such as condoms. Community initiatives in particular will be supported.

15. Output 3: Strengthened life skills development programme for the promotion of better adolescent sexual and reproductive health. The proposed programme will intensify efforts in adolescent sexual and reproductive health to ensure positive behaviour change among adolescents and youth. The development of life skills for both in-school and out-of-school adolescents and youth will be a key priority. Innovative approaches such as theatre and music shows will be explored. UNFPA will play a lead role in supporting behaviour change communication inputs focusing on promoting responsible behaviour and preventing teenage pregnancies, unsafe abortions, STIs and HIV infections. Selected inputs will focus on building capacity in adolescent sexual and reproductive health, training teachers, and producing print and audio-visual materials. Partnerships with NGOs that have a strategic advantage in this area will be further strengthened.

Population and development strategies subprogramme

16. The outcomes of the population and development strategies subprogramme are to contribute to improved intersectoral coordination in population and development, including gender mainstreaming, and to increased awareness and support for gender equality and male involvement. The subprogramme will contribute to two UNDAF sub-objectives: (a) the management of development; and (b) support to governance and social mobilization. Advocacy will be an important strategy within the subprogramme, whose three outputs are:

17. Output 1: Improved intersectoral collaboration in population and development. This will be achieved by strengthening institutional mechanisms, policies and plans. Assistance will be provided for policy-relevant research studies and for the utilization of gender-disaggregated information. Particular attention will be given to sociocultural and operations research. Advocacy efforts to promote the ICPD Programme of Action, Key Actions for the Further Implementation of the Programme of Action of ICPD (ICPD+5), the Beijing Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women will be directed towards parliamentarians and policy makers. Limited technical assistance will be provided for the 2005 census. The programme will support awareness raising and advocacy, as well as research on the linkages among population, the environment, reproductive health, poverty and sustainable development. Some support may also be provided for government population consolidation, regionalization and decentralization initiatives.

18. Output 2: Strengthening of community-based initiatives for women's empowerment in selected regions and atolls. Sensitization on gender equality and training in business management and leadership skills for women will be conducted on selected islands. A market feasibility study will be undertaken to explore viable options for women's income generation. Links with development partners will ensure the availability of an integrated package providing microcredit, business skills and market information.

19. Output 3: Strengthened role of the mass media in advocating gender equality and male involvement. The role of TV and radio in advocating gender equality and male support for women's empowerment will be strengthened in order to develop positive attitudes among policy makers and the public. Selected inputs will focus on sensitizing media personnel on population, reproductive health and gender issues

IV. Programme management, monitoring and evaluation

20. The third country programme will be nationally executed, with UNFPA execution limited to procurement, subcontracting, technical assistance and international training. Government counterpart agencies will be the Department of External Resources, the Ministry of Health, the Department of Public Health, the Ministry of Planning and National Development, the Ministry of Education, the Ministry of Women's Affairs and Social Security, and the Ministry of Information, Arts and Culture. The experience in national execution has underscored the need for building capacity within the Government for project management, monitoring and evaluation. This will be given due emphasis in the programme.

21. Stakeholder management committees will be established and will meet quarterly to review progress and improve programme coordination and implementation. Joint annual reviews of the country programme and subprogrammes will be carried out in accordance with UNDAF. Reviews will be based on project work plans and logical framework indicators. The midterm review and the final evaluation will occur in the third and fifth years of the programme, respectively.

22. During the new programme cycle, key indicators will be utilized and results-based management further strengthened. The United Nations system will work to strengthen data availability and analysis. Three national project personnel will be recruited to assist in implementing the programme. The UNFPA Country Technical Services Team in Kathmandu, Nepal, will provide technical assistance, along with other sources, as needed. Field office capacity will be strengthened in priority areas.

23. Due to limited resources, the programme will focus on selected priority areas. Along with its partners, the UNFPA country office in the Maldives will develop and implement a proactive strategy for resource mobilization that will target the European Commission and other donors. The country office will also continue to play a strong advocacy role in sensitizing donors on reproductive health and gender issues.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR THE MALDIVES

UNDAF Objective: To provide support to quality social services

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to the national goal of improving the quality of life of the Maldivian people through improved reproductive health and the empowerment of women	*[Reproductive health subprogramme]* To contribute to improved management of the national reproductive health programme through increased access to high-quality reproductive health and family planning services and improved adolescent sexual and reproductive health	• Decreased maternal mortality and morbidity • Decreased adolescent fertility rate • Increased number of pregnant women using antenatal and postnatal services • Contraceptive prevalence rate increased from 32% to 45% • Unmet need decreased from 42% to 30% • Increased percentage of births attended by skilled attendants (doctors, nurses and nurse midwives) from 54% to 70% • Percentage of population aware of one valid way of contracting sexually transmitted infections (STIs) increased from 54% to 75% • Age at first delivery increased • Number of obstetric and gynaecological admittances due to abortion complications decreased • No reduction in the percentage of population who know any valid way of contracting HIV/AIDS (92%)	**Output 1: Strengthened management of the national reproductive health programme at central level** Output indicators: • Reproductive health policies revised and action plans developed • Existence of medium-term and annual training plans for reproductive health based on assessment of needs; • Number of managers and service providers trained; • Existence of a functional logistics management information system • Percentage of maternal deaths reviewed within two weeks of occurrence of the death • Effectively functioning reproductive health database in place **Output 2: Increased access to high-quality reproductive health services and information in selected regions and atolls** Output indicators: • Service delivery points in the selected areas capable of providing at least three reproductive health services; maintaining supplies of basic emergency obstetric care drugs, equipment and contraceptives; and following service protocols as prescribed • Percentage of pregnant women receiving at least four antenatal check-ups increased from 62% to 80% • Number of community-based organizations and NGOs actively involved in reproductive health programmes at community level in target areas • Use of male methods as a percentage of all contraceptives increased from 6% to 15% • Decreased number of contraceptive stock-outs in target areas • Increased percentage of service delivery points providing basic emergency obstetric care on a 24-hour basis **Output 3: Strengthened life skills development programme for the promotion of better adolescent sexual and reproductive health** Output indicators: • Number of interventions targeting adolescents	Total for reproductive health subprogramme: $700,000 from regular resources and $500,000 from other resources

			• Number of print and audio visual materials produced for adolescent sexual and reproductive health • Percentage of adolescents aware of key reproductive health issues	
UNDAF Objective: Management of development and support to governance and social mobilization				
UNFPA Goal	**Outcome**	**Indicators**	**Outputs and Key Indicators**	**Resources**
Same as above	*[Population and development strategies subprogramme]* To contribute to improved intersectoral coordination in population and development, including gender mainstreaming, and to increased awareness and support for gender equality and male involvement	• Existence of an action plan for implementing and monitoring the national population policy • Availability of sex disaggregated gender-sensitive data • Existence of a national training plan in population and development • Number of successful interventions by NGOs and community-based organizations for women's empowerment in target areas • Percentage of women involved in income-generating work in target areas • Percentage of policy makers and men supportive of gender equality issues	**Output 1: Improved intersectoral collaboration in population and development** Output indicators: • Explicit population policies and action plans finalized • Number of policy-relevant, gender-sensitive research studies finalized and disseminated • National training plan developed in consultation with sectoral ministries • Number of advocacy interventions on ICPD and ICPD+5 for parliamentarians **Output 2: Strengthening of community-based initiatives for women's empowerment in selected regions and atolls** Output indicators: • Percentage of key community personnel in target areas trained in ICPD and ICPD+5 issues • Completion of market feasibility study in selected atolls • Number of women trained in management and business skills • Number of interventions by NGOs and community-based organizations on women's empowerment **Output 3: Strengthened role of the mass media in advocating gender equality and male involvement** Output indicators: • Percentage of policy makers supporting gender equality issues • Percentage of adolescent boys supportive of gender equality • Number of television and radio programmes promoting gender equality and male involvement. • Increased number of television programmes promoting adolescent sexual and reproductive health	Total for population and development strategies subprogramme: $450,000 from regular resources and $100,000 from other resources **Programme coordination and assistance:** **$250,000 from regular resources**

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